# Summary Sheet (Form RF-3)

Cha	ange in Company's premium or rate level produced	by rate revis	sion effective	11-16-2006	
	(1) <u>Coverage</u>	(2) Annual Pi <u>Volume (I</u>	remium	(3) Percent <u>Change (+ o</u> r	)**
1.	Automobile Liability				
	Private Passenger				
	Commercial		_	- ".	
2.	Automobile Physical Damage		<del> </del>		
	Private Passenger	-	<del></del>		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery	-			
9.	Fire				
10.	Extended Coverage				
	Inland Marine				
12.	Homeowners	3,548,	739	-4.79	%
13.	Commercial Package Policy				
	Crop Hail				
15.	Other				
Doe	Line of Insurance es filing only apply to certain territory (territories) or		DIVISION OF STATE OF ILL FECE Ses? If so, spe	INOIS/IDEPR	
				6_2006	
	No			<del>0</del> _2000	
			SPRINGFIEL	D. ILLINOIS	
AC	of description of filing. (If filing follows rates of an a UITY is introducing 2 new discounts - the advance	submission (	nization, specification	fy organization): he Umbrella pack	age
discount. Also, a new age of homeowner factor is being implemented, along with new optional					
	d/hail deductibles. We have also revised Coverage				
	sonal property rates are adjusted consistent with A			cnangs have bee	<u> </u>
ma	de. The overall rate effect for these changes is a d	ecrease of 4	.0%.		

ACUITY, A Mutual Insurance Company Name of Company

Diane Udovich Regulatory Filing Technician Official - Title

MD-154(1-93)

<sup>\*</sup> Adjusted to reflect all prior rate changes.

\*\* Change is Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		11/15/06
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol>	26,778	8.6%
	(territories) or certain classes? If so, specify:	
*Adjusted to reflect all prior rate changes	s. vhich will result from application of new rates <u>American Fami</u>	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 1 0 2006

SPRINGFIELD, ILLINOIS

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# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effe		11/15/06
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4 Burglany and Theft		
5 Glace		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
	49,358	6.7%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territory)  Brief description of filing. (If filing follows rates		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which v	American Fam	ily Home Insurance Company
		Name of Company
	Traci Burba	age – Compliance Analyst
	.1001 50150	Official – Title



# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Automobile Physical Damage		
. Burglary and Theft		
. Glass		
Boiler and Machinery		
. Fire		
1. Inland Marine		
2. Homeowners	897,682	9.2%
Commercial Multi-Peril		
4. Crop Hail		
5. Other		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): see cover letter

American Family Home Insurance Company
Name of Company

Traci Burbage — Compliance Analyst

Official – Title

Copy One Sy



<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

Change in	Company's premium	or rate level	produced by	rate revision
Effective	November 1, 2006			

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	<del></del>	
3. Liability Other Than Auto	<del></del>	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
<ul><li>10. Extended Coverage</li><li>11. Inland Marine</li></ul>		
12. Homeowners	\$ 123,351,126	- 1.7%
13. Commercial Multi-Peril	\$ 125,551,120	- 1.7 /6
14. Crop Hail		
15. Other		
Describing only analysts contain town	town (townitaries) or cortain also	cos? No
Does filing only apply to certain terrifies, specify:		
ii so, specify:		
Brief description of filing. (If filing fo	Howe rates of an advisory	
Organization, specify organization):	Homeowners Rate and Rule I	Revision
organization, specify organization,	A ZONICO TITLED AND MICH AND A	
		· · · · · · · · · · · · · · · · · · ·

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.



AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

Official - Title

James P. Meyer, ACP, AIM Senior Pricing Analyst/Filings

<sup>\*</sup>Adjusted to reflect all prior rate changes.

			DIVISION OF INSURANCE
Form	(RF-3) §	SUMMARY SHEET	DIVISION OF ILLINOIS/IDEA
	Change in Company's premit revision effective 9/1/0	m or rate level produced by New, 11/2/06 Pencual	by rate
	(1)	(2) · Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	Coverage	volume (IIIIIOIS)-	Carried Co.
	Automobile Liability Private Passenger Commercial		
2. 1	Automobile Physical Damage Private Passenger Commercial		
4.	Liability Other Than Auto Burglary and Theft		
	Glass Pidelity		
•	Surety Boiler and Machinery		**************************************
	Boller and Machinery Fire		
.O. I	Extended Coverage		
	<u>Inland Marine</u> Homeowners	5913.908	- 9.6%
13. (	Commercial Multi-Peril		
4.	Crop Hail		
15.	Other Line of Insurance		
	filing only apply to cert ses? If so, specify:F		or certain
<u>aves</u>	vary across these territo	1143	
orga	f description of filing. nization, specify organiza	(CTOH): - FILMS (1 1582)	<u> </u>
ČιΑ	out, and competitor into	ormation along with	company
	itorical data.	J	. J
** C	djusted to reflect all prichange in Company's premiumesult from application of	new rates.	
	Colle est	Avin Avin	erican Fire Casualty
	CORPE	Act	ruaky ficial - Title
•	H29219D		

** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company	(	Change in Company's premium or rat	e level produced by rate revision effective	New Business eff. 11/6/06 & Renewal Business eff. 1/10/07
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:		(1)		
Private Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  ** Adjusted to reflect all prior rate changes.  ** Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance  American Select Insurance  Company		<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burgtary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativitiy Factors, etc. See cover letter for itemiser Guiser Line of Insurance  * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from application of new rates.  American Select Insurance  Company	1.			
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativitiy Factors, etc. See cover letter for iteminating follows result from application of new rates.  ** Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance  Company				
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativity Factors, etc. See cover letter for itemis of the property of	2.	Automobile Physical Damage Private Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Pase Rates, Relativity Factors, etc. See cover letter for itemizers of Paul 2 2 2 2005  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company	3.			
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization of Base Rates, Relativity Factors, etc. See cover letter for itemis organization organ				<u> </u>
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemiting follows:  * Adjusted to reflect all prior rate changes.  * Change in Company's premium level which will result from application of new rates.  American Select Insurance  Company  American Select Insurance  Company				
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemical properties of the supplied of the su	6.			
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4% 13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativity Factors, etc. See cover letter for itemia of the state of t	7.			
10. Extended Coverage 11. Inland Marine 12. Homeowners \$641,096 -0.4%  13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativity Factors, etc. See cover letter for itemic and the supplied of				<u> </u>
11. Inland Marine 12. Homeowners \$641,096 -0.4%  13. Commercial Multi-Peril 14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemia and the second of Annual modifications of Base Rates, Relativity Factors, etc. See cover letter for itemia and the second of the seco				
12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemia organization of Base Rates, Relativity Factors, etc. See cover letter for itemia organization or the second of Base Rates, Relativity Factors, etc. See cover letter for itemia organization or the second organization of Base Rates, Relativity Factors, etc. See cover letter for itemia organization or the second organization organization or the second organization organization or the second organization or the second organization or the second organization or the second organization or				
13. Commercial Multi-Peril  14. Crop Hail  15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizations of Base Rates, Relativity Factors, etc. See cover letter for itemizatio			<b>PC41</b> 000	0.407
14. Crop Hail 15. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization			\$641,096	-0.4%
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organizations of Base Rates, Relativity Factors, etc. See cover letter for itemiant Classes LING BIDEPH Annual modifications of Base Rates, Relativity Factors, etc. See cover letter for itemiant Classes LING 2 2 2006  * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company				
Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of Base Rates, Relativity Factors, etc. See cover letter for itemian Solution of Base Rates, Relativity Factors, etc. See cover letter for itemian Solution of Rayl Company's premium level which will result from application of new rates.  American Select Insurance Company		-		····
Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Brief description of filing. (If filing follows rates of an advisory organization, specify organization of management of the specify organization or the specify organization of the specify organization or the specif	15.			
** Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company			<u> </u>	
** Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company				DIAMES E
** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company				P 2006
** Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  American Select Insurance Company				NIC S E
American Select Insurance  Company	* AC	ijusted to reflect all prior rate change	S.	I NOIS
American Select Insurance  Company	TT Cr	range in Company's premium level w	mich will	SIELD, ILL
American Select Insurance  Company	10.	san from appreciation of new rates.		SPRINGFIL
Company				\ 3
Company				
37 60			Comp	
Name of Company				Name of Company

Nichole Kelsey
Associate Financial Analyst
Product Management Department
Official - Title

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Ch	ange in Company's premium or rate le	evel produced by rate revisi	on effective	Septembe	r 1 <b>1.</b> 2006
(1) <u>Cove</u> rage		(2) Annual Premium Volume (Illinois)*		(3) Percent Change ( <u>+ o</u> r <u>-</u> )**	
			_	<u> </u>	<u> </u>
1.	Automobile Liability Private				
2.	Passenger Commercial				
۷.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other Than Auto	<del>-</del>	<del></del>		
4.	Burglary and Theft		- WOLON OF	INSURANCE NOIS/IDEPR	<del>-</del>
	Glass		STATE OF ILL	MOISHOFPH	
	Fidelity		RECE	IVED	
	Surety				<del> </del>
	Boiler and Machinery		AUG 1	8 2006	<del> </del>
	Fire		11.0		<del></del>
	Extended Coverage		<del>-</del>	21014111	<b>-</b>
	Inland Marine		SPRINGFIE	LD, ILLINOIS	
	Homeowners	0.		-(	).7 <b>%</b>
	Commercial Multi-Peril				7.1 20
14.	Crop Hail				
15.	Other		- · <del>- · · ·</del>		
	Line of Insurance				
Bri	es filing only apply to certain territoridominium homeowner policies only a	and the 13.0% base rate rec	luction is spread a	across multiple terr	itories. is a condominium
rate	e reduction consisting of a 13% base	rate reduction, 8% reduction	on of the addition	<u>al Coverage A fact</u>	or and an average
<u>geo</u>	crease of 10% for Coverage C amou	unts greater than \$50,000.	The overall rate	reduction for the	<u>homeowner line is</u>
<u>U. 7</u>	76.		<del></del>		<del></del>
	· · · · · · · · · · · · · · · · · · ·				· · <del></del>
		<u></u>			<del> </del>
*Ac	djusted to reflect all prior rate changes Change in Company's premium level w	s. which will result from applica	tion of new rates.		
			The First Like	adulaciones Ass	4:
			<u>ine First Libe</u> N	erty Insurance Corp lame of Company	ooration
		Jame	s C. Giracca, Dire	ector of Complex Lo	oss & Und. Issues

HH6911

Change in Company's premium revision effective January		by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change $(+ or -)**$
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance  Does filing only apply to certain If so, specify: No	TAUC SPRING 766,191 territory (territories) or filing follows rates of a	+ 5.0%
* Adjusted to reflect all prior r  ** Change in Company's premium lev  result from application of new	vel which will rates.  Grinnell Mutual Reinsur	
	Name of Compa	ny
	Joel Kelling - 1	
1202190	Official - Ti	tle <u> </u>

Seeff ML#3

# Form (RF-3)

# **SUMMARY SHEET**

(	Change in Company's premium or rate I	evel produced by rate revision effective	NB 7/31/06 RNLS 9/7/06
	(1)	(2) Annual Premium Volume (Illin <u>ois)*</u>	(3) Percent Change (+ or -)**
	Coverage	Volume (Timigis)	Change ( . o. /
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		<u> </u>
2			
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.			
7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		·
11.	Inland Marine		···
12.	Homeowners	\$896,139	-10.5%
13.	Commercial Multi-Peril		
14.	Crop Hail		**
15.	Other		
	Line of Insurance		
After to correct Rule of policies	further review of this filing we found we did no sting this, the overall rate level effect is now - of Application: The corrected rates will be ap	itories) or certain classes? If so, specify: ot give the base rate reduction to territory 85 that 10.5%. Enclosed are revised Filing Forms and plicable to new business policies effective on o hich were the effective dates of the original filing.	rate pages that reflect this change. r after July 31, 2006 and renewal
Brief o	description of filing. (If filing follows r	ates of an advisory organization, specify of	organization):
Н2921		Harleysville L.  NOTINGURANCE N	ake States Insurance Company ame of Company Sherry Walter State Filing Analyst Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	e level produced by rate revision effective	September 11, 2006
(1) <u>Coverage</u>	(2) Annual Premium Volu <u>me (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private	<del></del>	<del></del>
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercia	al	
3. Liability Other Than Auto		
4. Burglary and Theft	DIVISION OF INSURAN	CE.
5. Glass		
6. Fidelity	RECEIVE	<u> </u>
7. Surety		
8. Boiler and Machinery	AUG 1 8 2006	
9. Fire	AUG 1 0 Ecos	
10. Extended Coverage		
11. Inland Marine	\$ 7,639,754,NGFIELD, ILLIN	als
12. Homeowners	\$17,636,724,NGPTELD, TELL	-0.7%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain tent condominium homeowner policies only	ritory (territories) or certain classes? If so, s y and the 13.0% base rate reduction is spread a	specify: This is a rate reduction for across multiple territories.
rate reduction consisting of a 13% bas	ws rates of an advisory organization, specify one several rate reduction, 8% reduction of the additional ounts greater than \$50,000. The overall rate	al Coverage A factor and an average
*Adjusted to reflect all prior rate chang **Change in Company's premium level	es. I which will result from application of new rates.	
	·	
	Liberty Mutua N	al Fire Insurance Company lame of Company
		ector of Complex Loss & Und. Issues Official - Title
		Ontolar Fille

HH6911

# ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective \_\_9/3/06-New Business; 10/9/06-Renewals

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
<ul><li>6. Fidelity</li><li>7. Surety</li></ul>		
Surety     Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	\$22,811,335	0.0%
13. Commercial Multi-Peril	<b>V</b> 22,011,000	
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	: <u>No</u>
Revised: Base Rates, Territory Definition Safe Home Rating Plan, Financial Resp. Home and Car Discount, Limited and Br.		ice Credit Rule, Year of Construction,
Added: Roof Rating, Years with Prior C	arrier Discount	···
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new rate	S.
	Nationwide M	utual Fire Incurence Company
	inationwide M	utual Fire Insurance Company Name of Company
		Tights of Company
	Jennife	r Shay – Pricing Analyst
		Official - Title

06H-1480IL-JDS SERFF



DIVISION OF INSURANCE STATE OF ILLINOIS JOFPR AUG 0 1 2006

Form (RF-3)

#### SUMMARY SHEET

	ODDINGFIELD, ILLING
Change in Company's premium or rate level productive 9/1/06 New 1/2/06 Pencu	ed by Fate
revision effective 9/1/06 New, 11/2/06 Renew	2

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass		
6. 7.	Fidelity Surety		
8.	Boiler and Machinery Fire		
.0.	Extended Coverage		
.1. .2.	Inland Marine Homeowners	\$4,917,000	-10.0%
.3.	Commercial Multi-Peril		
.4. .5.	Crop Hail Other		
	Line of Insurance		
	s filing only apply to certainses? If so, specify:Filings Vary across these territoring		es) or certain forics/classes, but
	5		. 0
org	ef description of filing. (I anization, specify organizati	LOND: PITING IS BAS	ta uport state
	uput, and competitor intor,	nation along with	company
	storical data.		

\* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates.

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OHIO CASUALTY GROUP Name of Company

ACTUARY
Official - Title

H10518D

DIVISION OF INSURANCE
STATE OF ILLINOISIDEPR
AUG 2 4 2006
SPRINGFIELD, ILLINOIS

Form (RF-3)

### SUMMARY SHEET

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	-	Company's				10000	haarthaaa	hw	TOTA
Change	1 m	Commany's	oremium	or	rate	TEACT	hi ogneen	-5	1 4 6
Attente -			F				<u>ـ</u> ۱		
		- <i> </i>	9/11/06	NI A		1117.100	Zenemal		
revisio	)II (	effective	7/1/04	176	$\boldsymbol{\omega}$ .	.,/ 5/ 4			

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5. 6.	Glass		
	Fidelity		
7.	Surety Boiler and Machinery	1	
8.	Fire	4	
9. .0.	Extended Coverage		
i.	Inland Marine		
2.	Homeowners	\$270.500	- <i>i</i> o.0'1.
3.	Commercial Multi-Peril		
.4.	Crop Hail		<del></del>
5.	Other		
	Line of Insurance		
Doe:	s filing only apply to certainses? If so, specify:	n territory (territori	es) or certain Horics/classes but
a oe	s vary across these territori	₩	
Bri org	ef description of filing. (lanization, specify organizati	If filing follows rates	ed upon field
	nout, and competitor intori	nation along with	company
hi	storical data.		

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

Corrected

Ohio Casually Ins : Co.

ACTUARY
Official - Title

M29219D

### **SUMMARY SHEET**

hange in Company's premium or rate level produced by rate revision effective

08/15/06 New Bus., 10/1/06 Renewal Bus.

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
			<del>0</del>
1.	Automobile Liability		
	Private Passenger		
2	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		· · · · · · · · · · · · · · · · · · ·
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		-
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	20,811,064	-9.8%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, speci-	fy:
	lescription of filing. (If filing follows	s rates of an advisory organization, speci	fy organization):

- \* Adjusted to reflect all prior rate changes.\* Change in Company's premium level which will result from application of new rates.

# L069052 H29219D

AUG 1 8 2006 SPRINGFIELD, ILLINOIS

United Services Automobile Association

Name of Company

John Mancini, Executive Director Regulatory Compliance

Official - Title

#### **SUMMARY SHEET**

hange in Company's premium or rate level produced by rate revision effective

08/15/06 New Bus., 10/1/06 Renewal Bus.

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	voidine (minors)	<u> </u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		. <u></u>
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	14,011,637	-9.2%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	filing only apply to certain territory (	territories) or certain classes? If so, spec	eify:
		vs rates of an advisory organization, spec	cify organization):
Rate	Revision		

- \* Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

Sept obassi

H29219D

AUG 1 8 2006

SPRINGFIELD, ILLINOIS

USAA Casualty Insurance Company Name of Company

John Mancini, Executive Director Regulatory Compliance Official - Title

(RF-3)

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
REU

AUG 2 4 2006

	•		1	AUG	2 4 2000
	Change in Company's premium revision effective 9/1/06	or rate level produced New, 11/2/06 Penewal	by ra	e Springf	TELD, ILLINOIS
	(1)	(2) - Annual Premium	₽€	ercent	
	Coverage	Volume (Illinois)*	Change	e (+ or -)**	
1.	Automobile Liability Private Passenger				
2.	Commercial Automobile Physical Damage Private Passenger				•
3.	Commercial Liability Other Than Auto				•
4.	Burglary and Theft				•
5.	Glass				•
6. 7.	Fidelity Surety				•
<b>8.</b>	Boiler and Machinery				•
9.	Fire				•
LO.	Extended Coverage				•
Ll.	Inland Marine	THE SELDO	1	0.37.	•
L2.	Homeowners Commercial Multi-Peril				-
13. 14.	Crop Hail				•
15.	Other				-
~~	Line of Insurance				
Bri org	s filing only apply to certain sees? If so, specify:	on): Filing is base	of an	advisory on field	- - -
44.	STOTE COM VENUE		-		

\* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates.

corrected

West American Ins. 60.

ACTUARY
Official - Title

H29419D

### **SUMMARY SHEET**

1	Change in Company's premium or rate	level produced by rate revision effect	New Business eff. 11/6/06 & Renewal Business eff. 1/10/07
	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7. 8.	Surety		
8. 9.	Boiler and Machinery Fire		
9. 10.	Extended Coverage		
10.	Inland Marine		
12.	Homeowners	\$1,329,784	-1.7%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
Does 1	filing only apply to certain territory (te	rritories) or certain classes? If so, spe	cify:
Ann	description of filing. (If filing follows ual modifications of Base Rates, Relations	vitiy Factors, etc. See cover letter for	
** C	djusted to reflect all prior rate changes thange in Company's premium level whe sult from application of new rates.	nich will	
	DIVIS STA	ION OF INSURANCE TE OF ILLINOIS/IDEPR	estfield Insurance Company
	,	AUG 2 2 2006	Name of Company
		, , , , , , , , , , , , , , , , , , ,	ichole Kelsey ssociate Financial Analyst
H292	SERFF WF	[HO]RuRal	roduct Management Department Official - Title
	$\sum_{c} m_{c}$		

	Change in Company's premium or rate	e level produced by rate revision effective	New Business eff. 11/6/06 & Renewal Business eff. 1/10/07
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity Surety		
8.	Boiler and Machinery		
9.	Fire	<del></del>	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	\$1,107,682	-1.5%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Brief	description of filing. (If filing follows	erritories) or certain classes? If so, specify: s rates of an advisory organization, specify tivitiy Factors, etc. See cover letter for item	organization): nized changes.
			THE ION OF INSURANCE
* *	Adjusted to reflect all prior rate change Change in Company's premium level we esult from application of new rates.	high will	AUG 2 2 2006  Tield Sarbingfield, Illinois  any (Homepak)
eff	E MINY.		Name of Company

Nichole Kelsey
Associate Financial Analyst
Product Management Department
Official - Title

H29219D

	Change in Company's premium or ra	te level produced by rate revision effective	Renewal Business eff. 1/16/06 &
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change</u> (+ <u>or -)**</u>
1.	Automobile Liability		ONGE
	Private Passenger		OF INSURANCE
^	Commercial		
2.	Automobile Physical Damage	A STATE	CE.
	Private Passenger Commercial		UG 2 2 2006
2			106 % 5 5 5 - 1
3.	Liability Other Than Auto		1 210.
4. 5.	Burglary and Theft Glass		INGEIELD, ILLINOIS
5. 6.	Fidelity	- CPR	INGFIELD
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	\$1,009,943	-6.1%
13.	Commercial Multi-Peril	<u>Ψ1,002,243</u>	-0.170
14.	Crop Hail		
15.	Other		· · · · · · · · · · · · · · · · · · ·
15.	Line of Insurance		
		territories) or certain classes? If so, specify:	
		ativitiy Factors, etc. See cover letter for item	
** C	djusted to reflect all prior rate chang hange in Company's premium level vesult from application of new rates.		
			ield National Insurance any (Wespak)
			Name of Company

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Nichole Kelsey
Associate Financial Analyst
Product Management Department
Official - Title